

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	AM	15 296	103000 12/21/00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	Final	Original	5-25-00
2	Final	Original	5-25-00
3	Final	Original	5-25-00
4	Final	Original	5-25-00
5	Final	Original	5-25-00
6	Final	Original	5-25-00
7	Final	Original	5-25-00
8	Final	Original	5-25-00
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46	Final	Original	5-25-00
47	Final	Original	5-25-00
48	Final	Original	5-25-00
49	Final	Original	5-25-00
50	Final	Original	5-25-00

If more than 150 claims or 10 actions  
staple additional sheet here

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